## 120 000 233892

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

P.O. Box 6327 Tallahassee, FL 32314

	Registration Se Division of Cor				
CUBIEC	Embrace C	PR LLC		•	
SUBJEC	·1;	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Filing Jesse K			
			Name of Person		
		ZenBusiness			
			Firm/Company		
		5511 Parkerest Dr., Ste. 20	)7		
		<del></del>	Address		
	Austin, TX 78731				
	City/State and Zip Code				
		compliance@zenbusiness.c	om		
		E-mail address: t	to be used for future annual report notif	ication)	
For furthe	er information c	oncerning this matter, please c	all:		
Jesse K			844 4936249 at ( )	C:	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy radditional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	
	Registr	ation Section on of Corporations	Registration Section Division of Corpora	n	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Embrace CPR LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.20000233892		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:	1305 CAMBRON DRIVE	
Principal office address MUST BE A STREET ADDRESS)	VALRICO, FL 33596	
Inter new mailing address, if applicable:	1305 CAMBRON DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	VALRICO, FL 33596	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	<del></del>	er the name of the
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	: 24
	, Florida	Zip Code
	City	глр ∪ оае

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephanie Workman		
			□ Remove
		1305 CAMBRON DRIVE VALRICO, FL 33596	
			Add
			Remove
		<del> </del>	Change
			Add
			□ Remove
			Change
			, □ Remove
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Effective date, if other than the fan effective date is listed, the date must	date of filing:	ate of filing or more than 90	<b>(optional)</b> = \(^\circ\) days after filing.) Pursuant to 605.0	)207 i
Note: If the date inserted in this bl	ock does not meet the applicable	statutory filing requirem	ents, this date will not be listed	i as t
document's effective date on the D	epartment of State's records.		: 24	
ne record specifies a delayed	l effective date, but not a	n effective time at 1		r of
The 90th day after the rec		in anaderva enne, ac 1	12.01 diffit on the editier	0,,
Dated August 9	. 2021			
	<b>7</b>	,		
	Staphania Work	man		
	Signatur∉of a member or authorize	d representative of a membe	:r	
	Signatur#of a member or authorize	ed representative of a membe	:r	

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Filing Fee: \$25.00